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**Authorization to disclose or release personal health information (18yrs+):**

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I, \_\_\_\_\_ authorize Patriot Pediatrics to disclose my protected health information to: *(you may list one or both parents/guardians by name)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please check all that apply:**

- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Labs                                 | <input type="checkbox"/> Health Forms  | <input type="checkbox"/> School Forms |
| <input type="checkbox"/> Notes from office visits/phone calls | <input type="checkbox"/> Immunizations |                                       |
| <input type="checkbox"/> Radiology/outside tests              | <input type="checkbox"/> Billing       |                                       |
| <input type="checkbox"/> Other _____                          |  |                                       |

Signature of Patient: \_\_\_\_\_

Patient Cell Phone: \_\_\_\_\_ Date: \_\_\_\_\_

**DISCLOSURE OF INFORMATION: Place your initial next to "yes" or "no" for the following protected information to be released:**

Drug/alcohol information	Yes _____	No _____	Mental Health, including ADD/ADHD	Yes _____	No _____
Sexually transmitted diseases, testing and results	Yes _____	No _____	AIDS/HIV testing and results	Yes _____	No _____
Communicable diseases	Yes _____	No _____			

*Redisclosure: I understand that any disclosure or information carries with it potential for redisclosure and that the information then may not be protected by federal confidentiality rules.*

*Right to Revoke: I understand that I have the right to revoke this authorization at any time. I understand that my revocation must be in writing. I understand that the revocation will not apply to information already released based on this authorization.*

**Expiration: Unless otherwise revoked, this authorization will expire on the following date:**

\_\_\_\_\_

***(If no expiration date, event or condition is specified, this authorization will expire in 1 year)***